

CLINICAL CONNECTION

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CONTINUOUS QUALITY IMPROVEMENT

CONTINUOUS QUALITY IMPROVEMENT is a system that seeks to improve the provision of services with an emphasis on future results. Like total quality management, CQI uses a set of statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process. Once a process that needs improvement is identified, a team of knowledgeable individuals is gathered to research and document each step of that process. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results. If necessary, the plan may be revised on the basis of the results, so that the improvement is ongoing.¹



In health care we hear the term CQI or QAPI on a regular basis and assign the meaning to what we do each day in hopes that our efforts improve patient outcomes. Of course, the obligation to improve patient outcomes occasionally requires a different approach to traditional care delivery models which may not be adequate now and for the future. Charting our course for the future of quality and patient safety does require a culture shift to CQI/QAPI along with leadership and managerial competency, a commitment to a unified approach throughout the organization, and a personal improvement pledge to assure that care delivery is highly reliable

- Q** • Quality
- A** • Assurance
- P** • Performance
- I** • Improvement

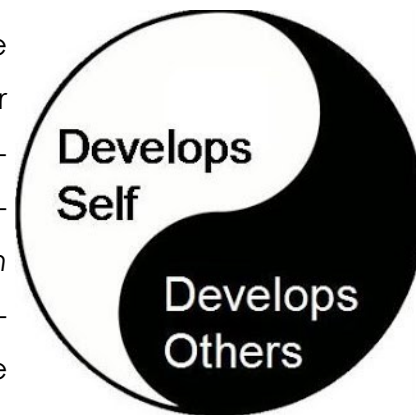
and of the best quality.

Based on this broad foundation of CQI/QAPI, this writer is hopeful that those reading the Clinical Connection can admit that they learn at least one new thing each day; is that fair to say? Even if your child teaches you something or a colleague

¹The Free Dictionary.

educates you regarding a new technique, we learn something new each day. Adult learning theory, however tells us that we need to hear and listen to a message at least 7 times before the information is imbedded in our cortex. Hmmm, in that case, learning something new each day may actually be only one thing!

Hopefully, you will bear with me for a few minutes to set the stage for your personal role in the CQI/QAPI challenge. For many, learning is exciting while for others learning can be a struggle. Whatever the reason, this writer embraces learning. For example, a few months ago my inbox had an email from *Juran Global*, an organization started by Dr. Joseph Juran, who is sometimes referred to as the *Quality Guru*. He was the founder of the Juran Institute which many of you know is an organization dedicated to quality management and offers programs in LEAN and six sigma along with other programs. The email advertised a new program called the Certified Performance Excellence Master Series. This writer's personal commitment to continual learning and improving competency around quality caused me to enroll in the program.



LESSONS LEARNED/TAKEAWAYS

As this point, I would like to share with you some of the cross-industry benefits of this excellent program, and how the lessons can apply to your personal and organizational CQI.

1. The philosophy of performance excellence involves focusing on customers' needs, keeping employees positive and engaged, and continually improving processes in the workplace.

Application – analyze data from HCAHPS, patient experience results to include complaints, and employee satisfaction surveys and develop a 90-day plan with 5-10 actions to improve performance. Meet monthly to have responsible person(s) report on progress to assure accountability. Continue to collect information over the next 90-days to determine improvement; if improvement occurs, celebrate and determine sustainability metrics to assure that scores continue to improve. If no improvement, determine where the gaps were and alter actions to assure improvement and sustainability. **Note:** Actions should be budget neutral and involve all levels of the organization.

2. Superior quality is critical in today's competitive health care landscape. When an organization provides the best quality care and keeps patients safe, they will likely increase market share and increase their margin.

Application – patients who receive quality and personalized care are your best ambassadors as is your staff who are happy in their jobs. More and more people are checking Hospital Compare and other websites to make health care decisions, so if patients are commenting negatively about care, providers and staff, the organization's competitive edge disappears and the financial picture may be grim due to out-migration of your demographic. Testimonials on your website are effective in touting what is good about your organization; for example, use of new technologies, new services, new providers, ED wait times, an easy-to-use patient portal, assistance in completing Medicare forms, services available after normal work hours for wellness, etc. These types of initiatives can help reduce marketing costs when the organization is viewed as the “only place I will go” because of...

3. Performance excellence must be a strategic priority with a comprehensive plan to assure continual improvement and sustainability.

Application – The same old ways of doing business will no longer work today or for the future. Knowing health care best practices and benchmarking your organization against those is one strategy to assure that you are keeping performance excellence as a number one priority. Engage employees in all improvement initiatives as a means of support, buy-in and sustainability. Encourage innovative ideas as a means of improving efficiencies that affect positive outcomes. Engage providers in identifying innovative ideas, and involve them in executing your performance excellence plan. Most important, remember that no one person can tackle improvement, but the whole “village” can assure performance excellence.



4. Poor processes cause waste. Some of those wasteful processes can include difficult on-boarding process, employee turnover, workarounds, sporadic readiness for regulatory surveys, inaccurate or meaningless data collection, “firefighting” every day instead of planning for the future, meetings taking up the majority of the day and week, lack of follow-through and follow-up on projects, customer complaints, dissatisfaction and on-and-on.

Application – All of the above waste converts to wasted dollars; when you have a moment, look at one of your meetings/committees and take an average salary of the attendees X the time spent for one meeting X the number of attendees to arrive at the cost for one meeting. Once you do that, make a list of meetings and committees and calculate the financial impact. It will be surprising. According to Dr. Joe Defeo from *Juran Global*, he suggests creating breakthroughs in performance. A “breakthrough is a departure from the usual, familiar way into the unknown.”² Based on the example provided, the formula for breakthroughs is:



The chevron diagram can be used for any process to determine the value. If done correctly, there is potential savings to the bottom line with added benefits of giving participants added time to accomplish their work and be visible in their respective departments as well as limiting redundancies and overlap in meetings.

Final Thoughts

Performance excellence requires an investment from leaders and employees that are business driven and customer focused and engaging. It is essential to have a plan that is part of the organization's strategic direction. This requires hard work by building the necessary infrastructure to support culture change in order to transform the organization for the future.

² Webcast by Dr. Defeo. Developing an Effective Continuous Improvement Program and Maintaining Control 10/21/2016

TEACHING MOMENT: THE STORY OF THE AV BLOCK FAMILY

Key:

P wave = wife

QRS = husband

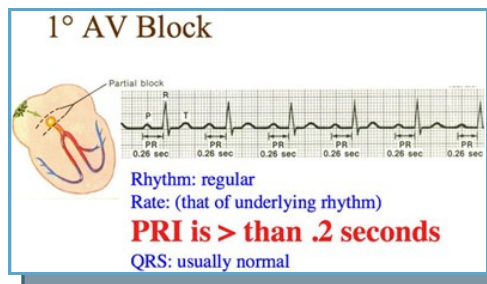
Pacer = counseling

Normal Sinus Rhythm:

The wife (P wave) waits at home for the husband (QRS). The husband (QRS) comes home on time every night.

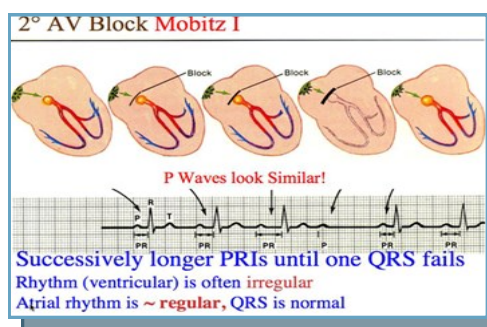
1st Degree AV Block:

The wife (P wave) is waiting at home. The husband (QRS) comes home late every night, but he always comes home and it's at the same time every night.



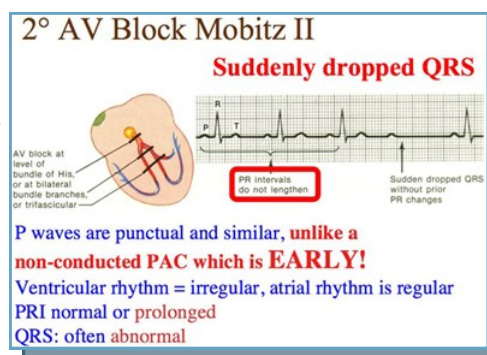
2nd Degree Block Type I (Wenckebach):

The wife (P wave) is waiting at home. The husband (QRS) comes home later and later every night until one night he doesn't come home at all. NOTE: Husband (QRS) must come home at least 2 nights in a row to see this pattern.



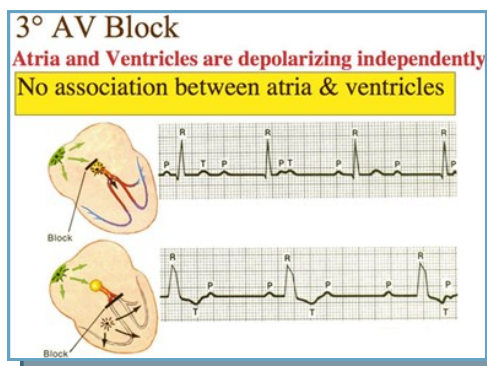
2nd Degree AV Block Type II:

The wife (P wave) is waiting at home. Sometimes the husband (QRS) comes home, sometimes he doesn't. When he does come home, it is always at the same time. NOTE: This is usually more serious than Type I (Wenckebach) and will sometimes require counseling (pacing).



3rd Degree AV Block:

The wife (P wave) is no longer waiting at home. She and her husband (QRS) are now both on separate schedules and have no relationship and they are no longer talking. Each spouse has a regular, individual schedule. NOTE: This frequently requires counseling in the form of a temporary or permanent pacer.



Source: Narrative is from Allnurses.com



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